

B-6

SUBJECT: Corrected Fitness Report Form, Tab B-6 of Career Council  
Agenda Item 4

The attached corrected form includes the following changes:

SECTION B

1. Definition of adjective rating "Weak" is changed from  
"Performance ranges from wholly inadequate to borderline  
or marginally satisfactory." to "Performance ranges from  
wholly inadequate to slightly less than satisfactory."
2. Adjective rating "Effective" is changed to "Proficient."
3. Specific Duties  
  
"List up to six of the most important specific duties . . ."  
is changed to "List up to six of the most important specific  
duties in order of importance . . ."

SECTION D

1. Statement by Employee  
  
"I ☐ am ☐ am not attaching a statement . . ." is  
changed to read: "I ☐ am attaching a statement . . ."
2. Statement by Supervisor  
  
Deletion of specific reasons to be checked if report is  
not being made.

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(When Filled In)

**DRAFT**

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (LAST) (FIRST) (MIDDLE)			2. DATE OF BIRTH	3. SEX	4. GRADE
					5. SD
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER CONDITIONAL	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (SPECIFY):			SPECIAL (SPECIFY):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (FROM- TO-)		
SECTION B PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation.</p> <p>A - Adequate Performance meets all requirements. It is satisfactory and is characterized neither by deficiency or excellence.</p> <p><b>P</b> - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong This rating signifies that the duty or job requirements are performed with remarkable proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties in order of importance performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					RATING LETTER
SPECIFIC DUTY NO. 1					
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION.					
TAKE INTO ACCOUNT EVERYTHING ABOUT THE EMPLOYEE WHICH INFLUENCES HIS EFFECTIVENESS IN HIS CURRENT POSITION - PERFORMANCE OF SPECIFIC DUTIES, PRODUCTIVITY, CONDUCT ON JOB, COOPERATIVENESS, PERTINENT PERSONAL TRAITS OR HABITS, PARTICULAR LIMITATIONS OR TALENTS. BASED ON YOUR KNOWLEDGE OF EMPLOYEE'S OVERALL PERFORMANCE DURING THE RATING PERIOD, PLACE THE LETTER IN THE RATING BOX CORRESPONDING TO THE STATEMENT WHICH MOST ACCURATELY REPRESENTS HIS PERFORMANCE.					RATING LETTER

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(When Filled In)

SECTION C Approved For Release 2001/08/01 : CIA-RDP80-01826R000800130023-9

INDICATE SIGNIFICANT STRENGTHS OR WEAKNESSES DEMONSTRATED IN CURRENT POSITION KEEPING IN PROPER PERSPECTIVE THEIR RELATIONSHIP TO OVERALL PERFORMANCE. STATE SUGGESTIONS MADE FOR IMPROVEMENT OF WORK PERFORMANCE. GIVE RECOMMENDATIONS FOR TRAINING. AMPLIFY OR EXPLAIN, IF APPROPRIATE, RATINGS GIVEN IN SECTION B TO PROVIDE THE BEST BASIS FOR DETERMINING FUTURE PERSONNEL ACTION. MANNER OF PERFORMANCE OF MANAGERIAL OR SUPERVISORY RESPONSIBILITIES MUST BE DESCRIBED.

SECTION D CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I ☐ AM ATTACHING A STATEMENT REGARDING THE RATING IN THIS REPORT

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE

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(When Filled In)

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<b>FITNESS REPORT</b>				EMPLOYEE SERIAL NUMBER	
<b>SECTION A GENERAL</b>					
1. NAME (LAST) (FIRST) (MIDDLE)			2. DATE OF BIRTH	3. SEX	4. GRADE
5. SD					
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> INITIAL	
<input type="checkbox"/> REASSIGNMENT SUPERVISOR		<input type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> CAREER CONDITIONAL		<input type="checkbox"/> TEMPORARY			
SPECIAL (SPECIFY):			SPECIAL (SPECIFY):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (FROM- TO-)		
<b>SECTION B PERFORMANCE EVALUATION</b>					
<p><b>W - Weak</b> Performance ranges from wholly inadequate to borderline or marginally satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation.</p> <p><b>A - Adequate</b> Performance meets all requirements. It is satisfactory and is neither characterized by deficiency or excellence.</p> <p><b>E - Effective</b> Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p><b>S - Strong</b> This rating signifies that the duty or job requirements are performed with remarkable proficiency.</p> <p><b>O - Outstanding</b> Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
<b>SPECIFIC DUTIES</b>					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
SPECIFIC DUTY NO. 2					RATING LETTER
SPECIFIC DUTY NO. 3					RATING LETTER
SPECIFIC DUTY NO. 4					RATING LETTER
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
<b>OVERALL PERFORMANCE IN CURRENT POSITION</b>					
TAKE INTO ACCOUNT EVERYTHING ABOUT THE EMPLOYEE WHICH INFLUENCES HIS EFFECTIVENESS IN HIS CURRENT POSITION - PERFORMANCE OF SPECIFIC DUTIES, PRODUCTIVITY, CONDUCT ON JOB, COOPERATIVENESS, PERTINENT PERSONAL TRAITS OR HABITS, PARTICULAR LIMITATIONS OR TALENTS. BASED ON YOUR KNOWLEDGE OF EMPLOYEE'S OVERALL PERFORMANCE DURING THE RATING PERIOD, PLACE THE LETTER IN THE RATING BOX CORRESPONDING TO THE STATEMENT WHICH MOST ACCURATELY					RATING LETTER

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(When Filled In)

SECTION C

NARRATIVE DESCRIPTION OF JOB PERFORMANCE

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INDICATE SIGNIFICANT STRENGTHS OR WEAKNESSES DEMONSTRATED IN CURRENT POSITION KEEPING IN PROPER PERSPECTIVE THEIR RELATIONSHIP TO OVERALL PERFORMANCE. STATE SUGGESTIONS MADE FOR IMPROVEMENT OF WORK PERFORMANCE. GIVE RECOMMENDATIONS FOR TRAINING. AMPLIFY OR EXPLAIN, IF APPROPRIATE, RATINGS GIVEN IN SECTION B TO PROVIDE THE BEST BASIS FOR DETERMINING FUTURE PERSONNEL ACTION. MANNER OF PERFORMANCE OF MANAGERIAL OR SUPERVISORY RESPONSIBILITIES MUST BE DESCRIBED.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I ☐ AM ☐ AM NOT ATTACHING A STATEMENT REGARDING THE RATING IN THIS REPORT

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE OFFICIAL TITLE OF SUPERVISOR TYPED OR PRINTED NAME AND SIGNATURE

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE

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